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OFFICE OF THE DIRECTOR
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**MISSOURI CRIME LABORATORY UPGRADE
PROGRAM (MCLUP)
2016 LOCAL SOLICITATION
CFDA #N/A**

Contract Period:

June 1, 2015 to May 31, 2016

WebGrants Deadlines:

Applications must be submitted no later than 5:00 p.m. on April 24, 2015

<https://dpsgrants.dps.mo.gov>

Contact Information:

For assistance with the requirements of this solicitation or for technical assistance with submitting an application, contact one of the following staff:

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Troy Thurman	Program Specialist	(573) 751-5997
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MISSOURI CRIME LABORATORY UPGRADE PROGRAM (MCLUP)

TABLE OF CONTENTS

GENERAL PROGRAM GUIDELINES 4

I.	Overview	4
II.	Funding Allocation	4
III.	Eligible Applicants	4
IV.	Eligible Budget Categories	6
V.	Eligible Activities and Cost Items	6
VI.	Ineligible Activities and Cost Items	6
VII.	Contract Period	7
VIII.	Local Match Requirement.....	7
IX.	Supplanting	7

APPLICATION INSTRUCTIONS..... 8

I.	How to Apply.....	8
II.	Application Forms	9
	Form #1: General Information.....	9
	Form #2: Contact Information.....	10
	Form #3: Project Summary	14
	Form #4: Budget	15
	A. Personnel.....	15
	B. Personnel Justification	16
	C. Personnel Benefits	17
	D. Personnel Benefits Justification	18
	E. Personnel Overtime.....	19
	F. Personnel Overtime Justification	20
	G. Personnel Overtime Benefits	20
	H. Personnel Overtime Benefits Justification	21
	I. Travel/Training	21
	J. Travel/Training Justification	23
	K. Equipment	23
	L. Equipment Justification	25
	M. Supplies/Operations.....	25
	N. Supplies/Operations Justification.....	26
	O. Contractual	27
	P. Contractual Justification.....	28
	Form #5: Statement of the Problem	28
	Form #6: Type of Program.....	29
	Form #7: Supplanting	30
	Form #8: Community Impact.....	31
	Form #9: Audit Requirements	32
	Form #10: Other Attachments	33
	Form #11: Certified Assurances.....	33
III.	Submitting an Application.....	34

POST-APPLICATION PROCESS.....	36
I. Application Review	36
II. Funding Notification	36
PROGRAM-SPECIFIC GRANT GUIDELINES	37
I. DPS Administrative and Financial Guide.....	37
II. Change in Personnel	37
A. My Profile.....	37
B. Contact Information form.....	37
C. Budget form	38
III. Reporting Requirements.....	38
A. Claim Reports.....	38
B. Status Reports.....	39
IV. Contract Adjustments	40
A. Budget Revisions.....	40
B. Program Revisions	40
V. Monitoring	41
APPENDIX A – Change of Information Form	42
APPENDIX B - Award of Contract Form.....	43
APPENDIX C – Inventory Listing Form.....	44

GENERAL PROGRAM GUIDELINES

I. OVERVIEW:

The goal of the MCLUP Program is to provide financial assistance to defray expenses of crime laboratories. Such funds are distributed to the crime laboratories serving the courts of this state making analysis of a controlled substance or analysis of blood, breath or urine in relation to court proceedings.

II. FUNDING ALLOCATION:

Funds are appropriated and collected pursuant to [Section 488.029 RSMo](#), which requires a surcharge of \$150 be assessed and collected in all criminal cases for any violation of Chapter 195, RSMo in which a crime lab makes analysis of a controlled substance. These fees are deposited in the State Forensic Laboratory Account. Each year, the Missouri Department of Revenue forwards a report outlining the Chapter 195 collection fees. The Missouri Association of Crime Lab Directors (MACLD) agree on the separation and designation of the total amount of fees collected per jurisdiction based on the respective crime laboratory servicing the county/municipality.

In addition, pursuant to [Section 595.045 RSMo](#), which created the “Crime Victims’ Compensation Fund”, a surcharge of \$7.50 shall be assessed as costs in each court proceeding filed in any court in the state in all criminal cases including violations of any court ordinance or any violation of criminal or traffic laws of the state. An annual deposit of \$250,000 is made to the State Forensic Laboratory Account from these fees. Any remaining funds are utilized by the Crime Victims Compensation program or the State Services to Victims Fund (SSVF) program administered by the Missouri Department of Public Safety. The annual deposit of \$250,000 is divided amongst the eligible crime laboratories based on a calculation established by the MACLD.

The sum of the Chapter 195 collection fees and the dividend of the annual deposit to the State Forensic Laboratory Account is the total award amount available to the crime laboratories.

III. ELIGIBLE APPLICANTS:

Crime laboratories that serve the courts of this state, making analysis of a controlled substance or analysis of blood, breath or urine in relation to a court proceeding are eligible to apply for the Missouri Crime Lab Upgrade Program (MCLUP) grant.

The applicant agency for the crime laboratory must be its respective unit of state or local government.

To be eligible for state funds, the applicant must be in compliance with the following state statutes¹:

☐ [Section 43.505 RSMo](#) – Uniform Crime Reports

Pursuant to 43.505.3 RSMo, every law enforcement agency in the state shall (1) submit crime incident reports to the department of public safety on forms or in the format prescribed by the department; and (2) submit any other crime incident information which may be required by the department of public safety.

¹ The summaries provided above are reflective of language as of the time of solicitation posting. If changes occur with the state laws, applicants and grantees are required to abide by the respective changes.

NOTE: It is the responsibility of the applicant to check the status and submission of such reports with the Missouri State Highway Patrol (MSHP) prior to submitting an application. Failure to submit and/or unresolved issues (issues resulting in the report not being approved) with 3 or more months of UCR Reports will result in the automatic denial of the application. A copy of such reports shall not be submitted with the application.

☐ **Section 590.650 RSMo – Racial Profiling Report**

Pursuant to 590.650.3 RSMo, (1) every law enforcement agency shall compile the data described in subsection 2 for the calendar year into a report to the attorney general and (2) each law enforcement agency shall submit the report to the attorney general no later than March first of the following calendar year.

NOTE: It is the responsibility of the applicant to verify the submission of this report with the Attorney General's Office prior to submitting an application. Failure to submit the 2014 Racial Profiling Report will result in the automatic denial of the application. A copy of such report shall not be submitted with the application.

☐ **Section 513.653 RSMo – Federal Forfeiture Report**

Pursuant to 513.653.1 RSMo, law enforcement agencies involved in using the federal forfeiture system under federal law shall file a report regarding federal seizures and the proceeds therefrom. Such report shall be filed annually by January thirty-first for the previous calendar year with the department of public safety and the state auditor's office.

NOTE: The form is available at <http://www.dps.mo.gov/dir/federal-forfeiture-reporting.asp>. It is the responsibility of the applicant to verify the submission of this report prior to submitting an application. Failure to submit a 2014 Federal Forfeiture Report will result in the automatic denial of the application. A copy of such report shall not be submitted with the application.

☐ **Section 590.700 RSMo – Written Policy on Recording of Custodial Interrogations**

Pursuant to 590.700.4 RSMo, each law enforcement agency shall adopt a written policy to record custodial interrogations of persons suspected of committing or attempting to commit felony crimes as outlined in subsection 2 of this section.

NOTE: It is the responsibility of the applicant to ensure the prescribed written policy is in place prior to submitting an application. A copy of such policy shall not be submitted with the application.

☐ **Section 577.005 RSMo – Written Policy on Forwarding Intoxication-Related Traffic Offenses**

Pursuant to 577.005.1 RSMo, each law enforcement agency shall adopt a policy requiring arrest information for all intoxication-related traffic offenses be forwarded to the central repository as required by [Section 43.503 RSMo](#).

NOTE: It is the responsibility of the applicant to ensure the prescribed written policy is in place prior to submitting an application. A copy of such policy shall not be submitted with the application.

IV. ELIGIBLE BUDGET CATEGORIES:

Applicants may request funding under the following approved budget categories:

- ☐ Personnel
- ☐ Personnel Benefits
- ☐ Personnel Overtime
- ☐ Personnel Overtime Benefits
- ☐ Travel/Training
- ☐ Equipment
- ☐ Supplies/Operations
- ☐ Contractual

V. ELIGIBLE ACTIVITIES AND COST ITEMS:

The MCLUP grant is intended to provide financial assistance to defray the costs of the crime laboratory. As such, examples of eligible activities and cost items include, but are not limited to, the following:

- ☐ Salary, Overtime, and Fringe Benefits of Lab Technicians and Scientists
- ☐ Training and Travel-Related Expenses for Lab Technicians and Scientists
- ☐ Lab Equipment
- ☐ Lab Furniture
- ☐ Computers and Hardware
- ☐ Cameras
- ☐ Books/References
- ☐ Lab Chemicals and Reagents
- ☐ Quantification Kits, Gloves, and other Lab Supplies
- ☐ Memberships/Subscriptions
- ☐ Accreditation/Recertification Costs
- ☐ Outsourcing/Contractual Services

VI. INELIGIBLE ACTIVITIES AND COST ITEMS:

Ineligible activities and cost items include, but are not necessarily limited to, the following:

- ☐ Aircraft
- ☐ Bonuses or Commissions
- ☐ Construction/Renovation Projects
- ☐ Daily Subsistence within Official Domicile
- ☐ Entertainment Expenses & Bar Charges
- ☐ Finance Fees/Late Charges for delinquent payments
- ☐ First Class Travel
- ☐ Indirect Costs
- ☐ Less-than-lethal Weapons
- ☐ Lobbying or Fundraising
- ☐ Military-Type Equipment
- ☐ Personal Incentives for Employment
- ☐ Pre-Paid Gas/Phone Cards
- ☐ Vessels
- ☐ Weapons and Ammunition

VII. CONTRACT PERIOD:

The 2016 MCLUP contract period for approved projects is June 1, 2015 through May 31, 2016. Requests for extensions to this contract period are not allowed.

All funds must be obligated and all proposed activities must be performed within this contract period. Funds are considered “obligated” when a legal liability to pay a determinable sum(s) for services is incurred, which will require payment during the same or future period.

Funds which have been properly obligated (or can be pro-rated) should then be expended within 10 days following the contract period end date. Funds are considered “expended” when payment is made.

Any funds not properly obligated or properly expended will lapse and revert back to the Missouri Department of Public Safety.

VIII. LOCAL MATCH REQUIREMENT:

No local match is required for the MCLUP grant.

If the MCLUP award is less than the cost(s) included in the application, applicants are encouraged to appropriately reflect the actual total cost and the percentage of funding requested from the MCLUP grant.

IX. SUPPLANTING:

Supplanting is defined as taking the place of or replacing with something else. Supplanting, or shifting money to avoid the issue of supplanting, is strictly prohibited. MCLUP funds must be used to supplement existing funds for program activities and may not be awarded towards budget items that are and will continue to be funded by another source of money. MCLUP funds shall be used to fund new projects, expand/enhance existing projects, or continue a previously funded project.

Refer to the Application Instructions-Supplanting section of this solicitation for more information and for examples of supplanting and non-supplanting.

APPLICATION INSTRUCTIONS

I. HOW TO APPLY:

Applications for MCLUP funding must be submitted online via the Missouri Department of Public Safety WebGrants System at <https://dpsgrants.dps.mo.gov>. WebGrants is a web-based computer application that will support the application and administration of grants available from the Missouri Department of Public Safety, Office of the Director.

Once an organization is registered, login with the User ID and Password previously provided to you during the registration process. If you have misplaced or forgotten your login information, contact a staff member of the Missouri Department of Public Safety as listed on the cover page of this solicitation.

The following steps should be completed in WebGrants for an organization to start an application:

1. **Verify your Work Information**

Under the 'My Profile' module, review all work-related information provided. Click 'Edit' where necessary to update or correct any of your work information.

2. **Verify your Organization Information**

Under the 'My Profile' module, click on your Associated Organization's name and review all information provided for your applicant agency. Click 'Edit' where necessary to update or correct any organization information.

NOTE: DO NOT change the entry of your organization name as it has been entered in such a manner to distinguish your project from other projects by the same applicant agency.

3. **Verify the Registered Users Associated with your Organization**

Under the 'My Profile' module, click on your Associated Organization's name and review the registered users associated with your organization. If it is necessary to update or correct any information provided for a user, be sure to make those changes.

If it is necessary to add additional registered users from your organization, click 'Add' under the 'Registered Users' table. Additional users added by an already registered user are not subject to approval by the Missouri Department of Public Safety.

NOTE: As users are added to WebGrants, they are not automatically associated as a contact to your organization's grant(s). Therefore, if you have an open grant(s) and want the additional registered user to receive notifications from WebGrants regarding the grant(s), you are required to submit a "Change of Information Form" (Appendix A) to your DPS Internal Contact via the 'Correspondence' component of the grant(s) in WebGrants.

If it is necessary to remove a registered user from your organization, notify a staff member of the Missouri Department of Public Safety as listed on the cover page of this solicitation so the individual can be properly removed from contact lists and deactivated.

NOTE: For security reasons, do not share your UserID and Password with other users. Each individual should maintain his or her own login information. In addition, do not reuse the profile of a previously employed individual as it affects the record keeping within WebGrants for previous

grants. Finally, if you have an open grant(s) and need to remove a registered user from WebGrants, you are required to submit a “Change of Information Form” (Appendix A) to your DPS Internal Contact via the ‘Correspondence’ component of the grant(s) in WebGrants.

4. Create an Application

Once the above process has been completed, you are ready to start your application. On the Main Menu screen, select the ‘Funding Opportunities’ link and then select the appropriate funding opportunity.

Returning applicants have the option to 1) Copy an Existing Application or 2) Start a New Application. As presumed, copying an existing application will allow the applicant to copy forward information from a previously submitted MCLUP application, thus reducing time re-entering same or similar information, and starting a new application will allow the applicant to create an application from scratch.

Please keep the following tips and instructions in mind while completing an application:

- ✓ Do not use CAPS when filling out the application forms. The use of CAPS makes it difficult to review the application and creates issues when data is extracted from WebGrants and merged into external documents, reports, etc.
- ✓ Each required field must be completed before the form may be saved. A required field is marked with a red asterisk (*).

Note: If you receive an error message from WebGrants that a field is not in the correct format or was left blank, the cursor will automatically return to the field that contains the issue. Look for this cursor to aid you in resolving the error.

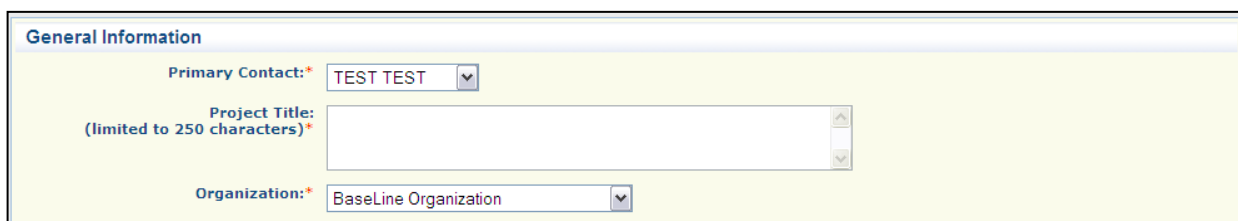
- ✓ The MCLUP application consists of 11 forms. Each form must be ‘Marked as Complete’ before the application may be submitted.

NOTE: A form that has been marked complete is still editable until the application is submitted. A checkmark in the ‘Complete’ column will not prevent you from editing information on the form. An application may not be submitted, however, until a checkmark exists in the ‘Complete’ column for every form.

II. APPLICATION FORMS:

FORM #1: GENERAL INFORMATION

The purpose of this form is to identify the primary contact, project title, and organization.



- **Primary Contact:** this drop-down box will pre-populate with the name of the individual associated with the login information. This individual may be any person associated with the proposed project and will be the general point of contact regarding the written and submitted application.

Note: This individual will be the ONLY recipient of emails generated by WebGrants during the application, review, and negotiation (revision) phases so chose carefully.

- **Project Title:** enter a carefully chosen, brief descriptive title for the proposed project.

Note: Do not use the funding opportunity or grant title as your project title. If the project is a continuation of a previously funded project, use the same project title as the previous year.

- **Organization:** this drop-down box will pre-populate based on the organization associated with the selected primary contact person. If an individual is registered in WebGrants and is associated with multiple organizations (e.g. grant writer), the user may see more than one option for this question and will need to select the respective organization.

FORM #2: CONTACT INFORMATION

The purpose of this form is to collect the names and contact information for the individuals that will be responsible for the oversight and administration of the proposed project.

NOTE: The only exception to the requirement for Authorized Official, Project Director, and Fiscal Officer is Kansas City due to the Board of Police Commissioners organization.

- **Authorized Official:** the individual who has the authority to legally bind the applicant into a contract.
 - If the applicant agency is a city, the mayor or city administrator shall be the Authorized Official.
 - If the applicant agency is a county, the county commissioner shall be the Authorized Official.
 - If the applicant agency is a state department, the department head or colonel shall be the Authorized Official.

Authorized Official

The Authorized Official is the individual that has the ability to legally bind the applicant agency in a contract (e.g. Presiding Commissioner, Mayor, City Administrator, State Department Director).

Name:*
Title First Name Last Name

Job Title:*

Agency:*

Mailing Address:*
Enter a PO Box where applicable. If a PO Box is not applicable, enter the physical street address.

Street Address 1:
If a PO Box is entered on the Mailing Address line, enter the physical street address here.

Street Address 2:

City/State/Zip:*
City State Zip

Email:*

Phone:*
Ext.

Fax:*

- **Name:** enter the Title (e.g. Mr., Ms., Dr., Colonel), the First Name, and the Last Name of the proper Authorized Official.
- **Job Title:** enter the Job Title (e.g. Presiding Commission, Mayor, City Administrator, Colonel) of the identified Authorized Official.

- **Agency:** enter the Agency name (e.g. Cole County Commissioner's Office, City of Columbia) of the identified Authorized Official.
 - **Mailing Address:** enter the Authorized Official's mailing address. If the mailing address is a PO Box, enter such information in the field. If the mailing address is a physical street address, enter such information in the field.
 - **Street Address 1:** if a PO Box was entered in the Mailing Address field, enter the Authorized Official's physical street address. If the physical street address was entered in the Mailing Address field, leave this field blank.
 - **Street Address 2** (not required): leave this field blank if no additional address information is available beyond what is already provided in the Mailing Address and/or Street Address 1 fields.
 - **City/State/Zip:** enter the City, verify the State is listed as Missouri, and enter the Zip Code.
 - **Email:** enter the Email address of the identified Authorized Official.
 - **Phone:** enter the Phone number and the Phone Extension (Ext.), where applicable, of the identified Authorized Official. Leave the Ext. field blank if the phone number is a direct line.
 - **Fax:** enter the Fax number of the identified Authorized Official.
- **Project Director:** the individual who will have direct oversight of the proposed project. If the Project Agency is a law enforcement agency, the Project Director must be the Chief or Sheriff of the law enforcement agency.

NOTE: For contract purposes, the Project Director cannot be the same person as the Authorized Official. If the Project Director is listed as the same person as the Authorized Official, the application may be denied.

Project Director
The Project Director is the individual that will have direct oversight of the proposed project. If the project agency is a law enforcement agency, the Project Director must be the Chief, Sheriff, or Director of Public Safety.

Name:*

TitleFirst NameLast Name

Job Title:*

Agency:*

Mailing Address:*

Enter a PO Box where applicable. If a PO Box is not applicable, enter the physical street address.

Street Address 1:

If a PO Box is entered on the Mailing Address line, enter the physical street address here.

Street Address 2:

City/State/Zip:*

CityStateZip

Email:*

Phone:*

Ext.

Fax:*

- **Name:** enter the Title (e.g. Chief, Sheriff, Mr., Ms.), the First Name, and the Last Name of the proper Project Director.
- **Job Title:** enter the Job Title (e.g. Chief, Sheriff, Director) of the identified Project Director.
- **Agency:** enter the Agency name (e.g. Cole County Sheriff's Office, Columbia Police Department, Missouri State Highway Patrol Crime Laboratory) of the identified Project Director.
- **Mailing Address:** enter the Project Director's mailing address. If the mailing address is a PO Box, enter such information in the field. If the mailing address is a physical street address, enter such information in the field.

- Street Address 1: if a PO Box was entered in the Mailing Address field, enter the Project Director's physical street address. If the physical street address was entered in the Mailing Address field, leave this field blank.
 - Street Address 2 (not required): leave this field blank if no additional address information is available beyond what is already provided in the Mailing Address and/or Street Address 1 fields.
 - City/State/Zip: enter the City, verify the State is listed as Missouri, and enter the Zip Code.
 - Email: enter the Email address of the identified Project Director.
 - Phone: enter the Phone number and the Phone Extension (Ext.), where applicable, of the identified Project Director. Leave the Ext. field blank if the phone number is a direct line.
 - Fax: enter the Fax number of the identified Project Director.
- **Fiscal Officer**: the individual who has responsibility for accounting and audit issues at the applicant agency level. The Fiscal Officer shall be the City Clerk, County Treasurer, Director of Finance, or person of similar position.

NOTE: For contract purposes, the Fiscal Officer cannot be the same person as the Authorized Official or Project Director. If the Fiscal Officer is listed as the same person as the Authorized Official or Project Director, the application may be denied.

Fiscal Officer
The Fiscal Officer is the individual who has responsibility for accounting and audit issues at the applicant agency level (e.g. City Clerk, County Treasurer, Director of Finance).

Name:*

TitleFirst NameLast Name

Job Title:*

Agency:*

Mailing Address:*

Enter a PO Box where applicable. If a PO Box is not applicable, enter the physical street address.

Street Address 1:

If a PO Box is entered on the Mailing Address line, enter the physical street address here.

Street Address 2:

City/State/Zip:*

CityStateZip

Email:*

Phone:*

Ext.

Fax:*

- Name: enter the Title (e.g. Mr., Ms.), the First Name, and the Last Name of the proper Fiscal Officer.
- Job Title: enter the Job Title (e.g. City Clerk, County Treasurer, Director of Finance) of the identified Fiscal Officer.
- Agency: enter the Agency name (e.g. Columbia City Clerk's Office, Cole County Treasurer's Office) of the identified Fiscal Officer.
- Mailing Address: enter the Fiscal Officer's mailing address. If the mailing address is a PO Box, enter such information in the field. If the mailing address is a physical street address, enter such information in the field.
- Street Address 1: if a PO Box was entered in the Mailing Address field, enter the Fiscal Officer's physical street address. If the physical street address was entered in the Mailing Address field, leave this field blank.
- Street Address 2 (not required): leave this field blank if no additional address information is available beyond what is already provided in the Mailing Address and/or Street Address 1 fields.
- City/State/Zip: enter the City, verify the State is listed as Missouri, and enter the Zip Code.

- Email: enter the Email address of the identified Fiscal Officer.
- Phone: enter the Phone number and the Phone Extension (Ext.), where applicable, of the identified Fiscal Officer. Leave the Ext. field blank if the phone number is a direct line.
- Fax: enter the Fax number of the identified Fiscal Officer.
- **Officer in Charge**: the individual that will act as the supervisor or director of the project (if different than the Project Director listed above). This individual will be the primary contact for day-to-day questions regarding the grant project and operations.

NOTE: The Officer in Charge may be the same person as the Project Director, and in that case, this section would not need to be completed again.

Officer in Charge
The Officer in Charge is the individual that will act as the supervisor or commander of the crime laboratory.
This section is only necessary if the Officer in Charge is different than the Project Director listed above and the Primary Contact listed on the General Information form.

Name:

Title

First Name

Last Name

Job Title:

Agency:

Mailing Address:

Enter a PO Box where applicable. If a PO Box is not applicable, enter the physical street address.

Street Address 1:

If a PO Box is entered on the Mailing Address line, enter the physical street address here.

Street Address 2:

City/State/Zip:

Missouri

City

State

Zip

Email:

Phone:

Ext.

Fax:

- Name: enter the Title (e.g. Mr., Ms., Sgt., Lt., Capt.), the First Name, and the Last Name of the proper Officer in Charge.
- Job Title: enter the Job Title of the identified Officer in Charge.
- Agency: enter the Agency name of the identified Officer in Charge.
- Mailing Address: enter the Officer in Charge's mailing address. If the mailing address is a PO Box, enter such information in the field. If the mailing address is a physical street address, enter such information in the field.
- Street Address 1: if a PO Box was entered in the Mailing Address field, enter the Officer in Charge's physical street address. If the physical street address was entered in the Mailing Address field, leave this field blank.
- Street Address 2 (not required): leave this field blank if no additional address information is available beyond what is already provided in the Mailing Address and/or Street Address 1 fields.
- City/State/Zip: enter the City, verify the State is listed as Missouri, and enter the Zip Code.
- Email: enter the Email address of the identified Officer in Charge.
- Phone: enter the Phone number and the Phone Extension (Ext.), where applicable, of the identified Officer in Charge. Leave the Ext. field blank if the phone number is a direct line.
- Fax: enter the Fax number of the identified Officer in Charge.

FORM #3: PROJECT SUMMARY

The purpose of this form is to collect general information regarding the proposed project, such as:

The screenshot shows a web form titled "FORM #3: PROJECT SUMMARY". The form has a light yellow background and a dark border. It contains the following fields and labels:

- Application Type:*** A dropdown menu with a downward arrow.
- Current Contract Number(s):** A text input field.
- Program Category:*** A dropdown menu showing "N/A". Below it, a small text note says "Please press Ctrl + Click to select multiple items".
- Project Type:*** A dropdown menu with a downward arrow.
- Geographic Area:*** A text input field with a small upward arrow on the right.
- Brief Summary:*** A large text input area with a small upward arrow on the right.
- Program Income Generated:*** Radio buttons for "Yes" and "No".

- **Application Type-** indicate the type of application based on the following:
 - NEW = the application is not currently being funded by the Missouri Department of Public Safety

NOTE: This option would be true if the project is not a continuation or expansion of a previously-funded project.
 - RENEWAL = the application is being submitted as part of a renewal funding opportunity and is currently being funded by the Missouri Department of Public Safety

NOTE: This option is not applicable to MCLUP and therefore should not be selected.
 - CONTINUATION = the application is being submitted to continue a program currently funded by the Missouri Department of Public Safety

NOTE: This option would be true if the project is an exact continuation of a previously-funded project with no additions.
 - EXPAND/ENHANCE AN EXISTING PROJECT = the application is being submitted to specifically expand or enhance an existing project currently funded by the Missouri Department of Public Safety

NOTE: This option would be true if the project is a continuation of a previously-funded project but additions are included to expand or enhance the original project.
- **Current Contract Number(s)** - indicate the contract number issued by the Missouri Department of Public Safety if the same project is currently funded by a DPS grant (i.e. the Application Type is identified as Continuation or Expand/Enhance an Existing Project). Leave this question blank or enter N/A if the project is not currently funded (i.e. the Application Type is identified as New).
- **Program Category** – select N/A

NOTE: You must physically select and highlight the option N/A. If left un-highlighted, the field will not be recognized as being completed and the form will not save.

- **Project Type** – select if the scope of the project will be statewide, regional, or local.
- **Geographic Area** – provide a general overview of the geographical area to be served by the proposed project. For example, a project in Cole County may be listed as “Cole County, located in central Missouri”, and a project in Columbia may be listed as “City of Columbia, located in Boone County in central Missouri”.
- **Brief Summary of the Project** – provide a brief summary of the services to be offered by the proposed project, the types of budget items included in the project, and/or a general overview of the outcome of the proposed project. Please do not repeat information verbatim from your narrative.
- **Program Income Generated** – indicate if program income will be generated. Program Income is defined as income generated as a direct result of an agency-funded project. For example, if the purpose of the grant is to conduct conferences, any training fees that are generated as a result of conducting conferences would be considered program income.

FORM #4: BUDGET

The purpose of this form is to identify all costs associated with the proposed project for which funding is requested.

A. PERSONNEL:

Include the salaries of all individuals working on the proposed project for which funding is requested.

Personnel	
<small>1. Include all personnel to be funded on the proposed project. If the project includes more than one individual, repeat this step for each person. 2. The Total Cost will automatically calculate as Salary per Pay Period x Number of Pay Periods x % of Funding Requested.</small>	
<small>Provide the name of the individual for which grant funding is requested. If the name is unknown, put TBH.</small>	
Name*	<input type="text"/>
<small>Provide the position title of the individual.</small>	
Title*	<input type="text"/>
<small>Select whether the position is a Created (new) position that currently does not exist within the agency or a Retained (existing) position that does currently exist with the agency.</small>	
Position*	<input type="text"/> <input type="button" value="v"/>
<small>Select the employment status based on the individual's status with the organization (not on this project).</small>	
Employment Status*	<input type="text"/> <input type="button" value="v"/>
<small>Enter the actual (or anticipated) salary per pay period for the individual. Do not round! If the individual will experience a salary increase during the contract period, refer to the Grant Solicitation identified in the above form instructions for further instructions and examples.</small>	
Salary per Pay Period*	<input type="text" value="\$0.00"/>
<small>Enter the number of pay periods for which funding is being requested at the above Salary per Pay Period amount. Please note, this field is formatted to allow up to only 2 places behind the decimal point - a popup message will appear if more than 2 decimal places are entered.</small>	
Number of Pay Periods*	<input type="text"/>
<small>Indicate the percentage for which funding is being requested. Please note, this field is formatted to allow up to only 4 places behind the decimal point - a popup message will appear if more than 4 decimal places are entered.</small>	
% of Funding Requested*	<input type="text"/>

The following is an example to aid in the completion of the Personnel budget form:

EXAMPLE 1 – Full-time, retained position paid bi-weekly (26 pay periods a year) at a salary of \$1,200.00 each pay period with no salary increase expected during the 12 month contract period.

Name	Title	Position	Status	Salary per Pay Period	Number of Pay Periods	% of Grant Funded Time	Total Cost
John Smith	Chemist	Retained	FT	\$1,200.00	26	100%	\$31,200.00

NOTE: The text entered under the NAME column and the percentage entered under the % OF GRANT FUNDED TIME is how the line item will display on the Claim-Reimbursement form if your application is successful.

If a salary increase may occur during the contract period, a budget line item should be included to reflect the initial salary and to reflect the increase in salary. The following is an example to aid in the completion of the Personnel budget form:

EXAMPLE 2 – Full-time, created position paid monthly at a salary of \$2,000 each pay period, but expected to receive a \$100 salary increase after 6 months of successful employment.

Name	Title	Position	Status	Salary per Pay Period	Number of Pay Periods	% of Grant Time	Total Cost
John Smith (June - Nov)	Chemist	Created	FT	\$2,000.00	6	100%	\$12,000.00
John Smith (Dec - May)	Chemist	Created	FT	\$2,100.00	6	100%	\$12,600.00

B. PERSONNEL JUSTIFICATION:

Personnel Justification

Personnel Justification

If personnel is not included in the budget, skip this section.

If personnel is included in the budget, provide justification for each position.

*If the position is **new (created)**:*

- Provide a description of the job responsibilities the individual will be expected to perform

*If the position **exists (retained)**:*

- Provide a description of the job responsibilities
- Provide a description of the experience possessed by the individual
- Identify any certification the individual possesses as it relates to the position

If a salary increase is included, address the individual's eligibility for such increase, the percentage of increase, and the effective date of the increase.

If personnel are included in the budget, provide justification for each position.

If the position is new (created), provide a description of the job responsibilities the individual will be expected to perform.

If the position exists (retained), identify 1) a description of the job responsibilities, 2) the experience possessed by the individual, and 3) any certification the individual possesses as it relates to the proposed project.

If a salary increase is included, address the individual's eligibility for such increase, the percentage of increase, and the effective date of the increase.

NOTE: It is recommended that agencies refrain from repeating the calculations outlined in the Personnel budget category to avoid discrepancies in the budget category and the budget justification.

C. PERSONNEL BENEFITS:

Include the fringe benefits of any individuals working on the proposed project for which funding is requested.

Personnel Benefits

1. Identify the fringe benefits for which funds are requested. If an individual is eligible for multiple benefits, repeat this step for each benefit.
 2. The Total Cost will automatically calculate as Salary/Premium x Percentage/# of Periods x % of Funding Requested.

Select the applicable fringe benefit to be included in the budget. This field is necessary for DPS reports.

Category*

Enter text based on how the fringe benefit will be displayed on the Claim report, often just repeating the option selected in the Category field. Where applicable, may need to clarify the individual(s) eligible for the selected fringe benefit where not all individuals are eligible. Refer to the Grant Solicitation identified in the above form instructions for examples.

Item*

If the cost basis is a percentage of salary, enter the individual's salary. If the cost basis is a set amount per month or pay period, enter the premium rate. If your agency expects a rate or premium change in any fringe benefit during the contract period, refer to the Grant Solicitation identified in the above form instructions for further instructions and examples.

Salary/Premium*

If the cost basis is a percentage of salary, enter the benefit percentage as a decimal. For example, FICA/Medicare (7.65%) would be entered as 0.0765. If the cost basis is a set amount per month or pay period, enter the number of periods. Please note, this field is formatted to allow up to only 4 places behind the decimal point - a popup message will appear if more than 4 decimal places are entered.

Percentage/ # of Periods*

Indicate the percentage of funding being requested for the specified benefit. Please note, this field is formatted to allow up to only 4 places behind the decimal point - a popup message will appear if more than 4 decimal places are entered.

% of Funding Requested*

The following are examples to aid in the completion of the Personnel Benefits budget form:

EXAMPLE 1 – John Smith’s annual salary of \$31,200 is included in the grant budget. The following fringe benefits are also requested:

- FICA/Medicare – 7.65% of salary
- LAGERS – 8% of salary
- Medical Insurance - \$100.00 per month for the 12-month contract period
- Life Insurance - \$10.00 per month for the 12-month contract period
- Dental Insurance - \$5.00 per month for the 12-month contract period
- Unemployment Comp – 1.2% of the first \$13,000 of salary
- Workers Comp – 2.44% of salary

Category (Select from drop down box)	Item	Salary/ Premium	Percentage/ # of Periods	% Funding Requested	Total Cost
FICA/Medicare	FICA/Medicare	\$31,200.00	0.0765	100%	\$2,386.80
Pension/ Retirement	LAGERS	\$31,200.00	0.08	100%	\$2,496.00
Medical Insurance	Medical Insurance	\$100.00	12	100%	\$1,200.00
Life Insurance	Life Insurance	\$10.00	12	100%	\$120.00
Dental Insurance	Dental Insurance	\$5.00	12	100%	\$60.00
Unemployment Comp	Unemployment Comp	\$13,000.00	0.012	100%	\$156.00
Workers Comp	Workers Comp	\$31,200.00	0.0244	100%	\$761.28

NOTE: The text entered under the ITEM column and the percentage entered under the % FUNDING REQUESTED is how the line item will display on the Claim-Reimbursement form if your application is successful.

If a premium rate or fringe benefit percentage is expected to change during the contract period, a budget line item should be included to reflect the initial rate/percentage and to reflect the change. The following is an example to aid in the completion of the Personnel Benefits budget form:

EXAMPLE 2 – John Smith’s annual salary is \$30,000 (\$2500/month). His pension LAGERS rate is expected to increase from 8% of salary to 8.15% of salary at the first of the year (January). In addition, his medical insurance premium is expected to increase from \$100/month to \$120/month at the first of the year (January).

Category (Select from drop down box)	Item	Salary/ Premium	Percentage/ # of Periods	% Funding Requested	Total Cost
Pension/ Retirement	LAGERS (June to Dec)	\$17,500.00	0.08	100%	\$1,400.00
Pension/ Retirement	LAGERS (Jan to May)	\$12,500.00	0.0815	100%	\$1,018.75
Medical Insurance	Medical Insurance (June to Dec)	\$100.00	7	100%	\$700.00
Medical Insurance	Medical Insurance (Jan to May)	\$120.00	5	100%	\$600.00

D. PERSONNEL BENEFITS JUSTIFICATION:

Personnel Benefits Justification
Benefits Justification
If personnel benefits are not included in the budget, skip this section.
If personnel benefits are included in the budget, provide justification for each fringe benefit to identify the cost and why it is needed.
If your agency anticipates a premium or rate change during the contract period, indicate the effective date of change and the reasoning for such change.

If personnel benefits are included in the budget, provide justification for each fringe benefit.

If your agency anticipates a premium or rate change during the contract period, indicate the effective date of change and the reasoning for such change.

For example:

- FICA/Medicare is contributed by the employer at a rate of 7.65% as set by the federal government for contributions for Social Security and Medicare.
- Life Insurance is contributed by the employer to Assurant Insurance at a rate of \$10.00 per month per employee to provide coverage in the event of death of the insured person.
- Medical Insurance is contributed by the employer to United Healthcare at a rate of \$100.00 per month per employee to provide coverage in the event of illness or injury to the insured person. Premiums are based on the calendar year and are expected to increase to \$120.00 per month per employee on January 1, 2016.

- Pension is contributed by the employer at a rate of 8% of salary as a tax deferred savings vehicle that allows for the accumulation of a fund for later use as a retirement income. Each year, the LAGERS contribution rate is re-evaluated and traditionally increases. Therefore, the rate is anticipated to increase on January 1, 2016 to 8.15%.
- Workers Comp is contributed by the employer to the Missouri Association of Counties (MAC) at an approximate rate of 2.83% of salary to provide wage replacement and medical benefits to employees injured in the course of employment.

NOTE: It is recommended that agencies refrain from repeating the calculations outlined in the Personnel Benefits budget category to avoid discrepancies in the budget category and the budget justification.

E. PERSONNEL OVERTIME:

Include any overtime for individuals working on the proposed project for which funding is requested.

Personnel Overtime

1. Include all personnel-overtime to be funded on the proposed project. Repeat this step for each individual receiving overtime.
2. The Total Cost will automatically calculate as Hourly Overtime Pay x Hours on Project.

Provide the name of the individual for which overtime funding is requested. If the name is unknown, put TBH.

Name*

Provide the position title of the individual.

Title*

Enter the hourly overtime pay rate for the individual. Do not round! If an individual expects a salary increase during the contract period, refer to the Grant Solicitation identified in the above form instructions for further instructions and examples.

Hourly Overtime Pay*

Enter the number of anticipated hours the individual will spend on the project at the above Hourly Overtime Pay rate. Please note, this field is formatted to allow up to only 2 places behind the decimal point - a popup message will appear if more than 2 decimal places are entered.

Hours on Project*

The following is an example to aid in the completion of the Personnel Overtime budget form:

EXAMPLE 1 – John Smith will work approximately 200 hours of overtime on the proposed project. His overtime hourly pay rate is \$22.00.

Name	Title	Hourly Overtime Pay	Hours on Project	Total Cost
John Smith	Chemist	\$22.00	200	\$4,400.00

NOTE: The text entered under the NAME column is how the line item will display on the Claim-Reimbursement form if your application is successful.

If a salary increase may occur during the contract period, a budget line item should be included to reflect the initial overtime hourly pay and to reflect the increase in overtime hourly pay. The following is an example to aid in the completion of the Personnel Overtime budget form:

EXAMPLE 2 – John Smith expects a salary increase at the beginning of the new calendar year (January). It is anticipated that he will work 100 hours during the first 7 months of the contract period (June to December) at an hourly rate of \$22.00/hour, and that he will work another 80 hours during the next 5 months of the contract period (January to May) at a an hourly rate of \$24.00/hour.

Name	Title	Hourly Overtime Pay	Hours on Project	Total Cost
John Smith (June to Dec)	Chemist	\$22.00	100	\$2,200.00
John Smith (Jan to May)	Chemist	\$24.00	80	\$1,920.00

F. PERSONNEL OVERTIME JUSTIFICATION:

Personnel Overtime Justification

Overtime Justification

If overtime is not included in the budget, skip this section.

If overtime is included in the budget, provide justification for the expense. Describe why overtime funding is necessary and how it will aid in the success of the project.

If an overtime pay rate increase is included, address the individual's eligibility for such increase, the percentage of increase, and the effective date of the increase.

If overtime is included in the budget, provide justification for the expense. Describe why overtime funding is necessary and how it will aid in the success of the project.

If an overtime pay rate increase is included, address the individual's eligibility for such increase, the percentage of increase, and the effective date of the increase.

NOTE: It is recommended that agencies refrain from repeating the calculations outlined in the Personnel Overtime budget category to avoid discrepancies in the budget category and the budget justification.

G. PERSONNEL OVERTIME BENEFITS:

Include the overtime fringe benefits of any individuals working on the proposed project for which funding is requested.

Personnel Overtime Benefits

1. Identify the overtime fringe benefits for which funds are requested. If an individual is eligible for multiple benefits, repeat this step for each benefit.
2. The Total Cost will automatically calculate as Overtime/Premium x Percentage/# of Periods x % of Funding Requested.

Select the applicable overtime fringe benefit to be included in the budget. This field is necessary for DPS reports.

Category*

Enter text based on how the fringe benefit will be displayed on the Claim report, often just repeating the option selected in the Category field. Where applicable, may need to clarify the individual(s) eligible for the selected fringe benefit where not all individuals are eligible. Refer to the Grant Solicitation identified in the above form instructions for examples.

Item*

If the cost basis is a percentage of overtime, enter the individual's overtime total. If the cost basis is a set amount per month or pay period, enter the premium rate. If your agency expects a rate or premium change in any fringe benefit during the contract period, refer to the Grant Solicitation for further instructions and examples.

Overtime/Premium*

If the cost basis is a percentage of overtime, enter the benefit percentage as a decimal. For example, FICA/Medicare (7.65%) would be entered as 0.0765. If the cost basis is a set amount per month or pay period, enter the number of periods. Please note, this field is formatted to allow up to only 4 places behind the decimal point - a popup message will appear if more than 4 decimal places are entered.

Percentage/# of Periods*

Indicate the percentage of funding being requested for the specified benefit. Please note, this field is formatted to allow up to only 4 places behind the decimal point - a popup message will appear if more than 4 decimal places are entered.

% of Funding Requested*

Refer to the Budget-Personnel Benefits section above for examples in completing this budget category.

If a change in premium or fringe benefit percentage is expected during the contract period, be sure to include a budget line item to reflect the initial rate/percentage and to reflect the change in rate/percentage.

H. PERSONNEL OVERTIME BENEFITS JUSTIFICATION:

Personnel Overtime Benefits Justification
Overtime Benefits Justification
<i>If overtime benefits are not included in the budget, skip this section.</i>
<i>If overtime benefits are included in the budget, provide justification for each fringe benefit to identify the cost and why it is needed.</i>
<i>If your agency anticipates a premium or rate change during the contract period, indicate the effective date of change and the reasoning for such change.</i>
<div></div>

If overtime benefits are included in the budget, provide justification for each fringe benefit.

Refer to the Budget-Personnel Benefits Justification section above for examples in completing this budget justification section.

If your agency anticipates a premium or rate change during the contract period, indicate the effective date of change and the reasoning for such change.

NOTE: It is recommended that agencies refrain from repeating the calculations outlined in the Personnel Overtime Benefits budget category to avoid discrepancies in the budget category and the budget justification.

I. TRAVEL/TRAINING:

Include any travel or training related costs for which funding is requested. Costs should be estimated based on the most restrictive travel policy (state or local).

Travel or training related costs may include, but not be limited to: airfare/baggage, airport parking, lodging, hotel parking, meals, registration fees, rental car and fuel, mileage, shuttles, taxis, tolls, etc.

Due to the uncertainty of shuttles, taxis, toll roads, and parking, a “Miscellaneous” line tied to a particular travel event can be included within the budget to lump these variable expenses. However, the travel justification must explain the “Miscellaneous” line.

Travel should be in the most direct, practical route with prudence to the use of state funds! Travel is often part of the job and travel arrangements and payments are intended to be neutral to the sub-recipient with no advantage or benefit to the sub-recipient.

Sub-recipients of a State must follow their state's travel policy, in terms of grant expenditures. Therefore, Sub-recipients shall adhere to their local travel policy per their department guidelines, but Sub-recipients may be reimbursed based on the current grant "Travel Guidelines", which can be found at <http://www.dps.mo.gov/dir/programs/cjle/clapmclup.asp>.

Travel/Training

1. Itemize travel or training expenses by event or type. Repeat this step to include each expense.
2. Tuition or registration fees should be included on this form, but Consultant or Trainer Fees must be included under the Contractual budget category.
3. Travel must be by the most direct, practical route. The amount of mileage allowance shall not exceed the state's mileage allowance rate, which can be found at www.oa.mo.gov.
Lodging expenses shall adhere to federal per diem rates, which can be found at www.gsa.gov. Meal expenses shall adhere to state per diem rates, which can be found at www.oa.mo.gov. Incidentals will not be allowed. Local travel policy will apply if such is more restrictive than those mentioned herein.
4. The Total Cost will automatically calculate as Unit Cost x Duration x Number.

Select the applicable travel-related cost to include in the budget. This field is necessary for DPS reports.

Category*

Identify the type of expense. If requesting training, enter the name of the training or conference followed by the cost type. Refer to the Grant Solicitation identified in the above form instructions for examples.

Item*

Enter the amount or rate per month, mile, day, ticket etc. being requested. For airfare/baggage, enter the ticket price. For lodging, enter the daily room rate. For meals, enter the daily per diem rate. For fuel, enter the anticipated cost per day or month of travel. For mileage, enter the mileage rate. For further examples and instructions, refer to the Grant Solicitation identified in the above form instructions.

Unit Cost*

Enter the number of months, miles, days, etc to represent the duration or frequency of the requested expense. If the expense is a one-time fee (e.g. airfare, registration fee), enter 1. Please note, this field is formatted to allow up to only 2 places behind the decimal point - a popup message will appear if more than 2 decimal places are entered.

Duration*

Enter the number of vehicles, people, rooms, etc. being requested for the expense.

Number*

The following is an example to aid in the completion of the Travel/Training budget form:

EXAMPLE – As a chemist, John Smith is requesting to attend the 3-day Missouri Association of Forensic Sciences (MAFS) training:

- lodging for 4 nights at the federal GSA rate of \$95.00/day
- meals for 4 days at a state per diem rate of \$39.00/day
- mileage allowance for driving his personal vehicle for 100 miles at \$0.37/mile
- registration costing \$130

Category (Select from drop down box)	Item	Unit Cost (Amount or rate per mile, month, day, ticket)	Duration (Number of months, miles, days)	Number (Number of vehicles, people, rooms)	Total Cost
Lodging	MAFS - Lodging	\$95.00	4	1	\$380.00
Meals	MAFS - Meals	\$39.00	4	1	\$156.00
Mileage	MAFS – Mileage	\$0.37	100	1	\$37.00
Registration	MAFS – Registration	\$130.00	1	1	\$130.00

NOTE: The text entered under the **ITEM** column and the quantity entered under the **NUMBER** column is how the line item will display on the Claim-Reimbursement form if your application is successful.

J. TRAVEL/TRAINING JUSTIFICATION:

Travel/Training Justification

Travel/Training Justification

If travel/training is not included in the budget, skip this section.

If non-training travel costs are included in the budget:

- Provide justification for each expense
- Describe why the cost is necessary to the success of the proposed project

If training costs are included in the budget:

- Identify the location of the training (if unknown, clearly identify TBA)
- Identify the date(s) of the training (if unknown, clearly identify TBA)
- Identify who will be attending the training
- Provide a synopsis of the training and/or describe the anticipated benefit of the training

If non-training travel costs are included in the budget, provide justification for each expense and why such is necessary to the success of the proposed project.

If training costs are included in the budget, address 1) the location of the training, 2) the date(s) of the training, 3) who will be attending the training, and 4) a synopsis of the training and/or the anticipated benefit of attending the training. If either the location or date(s) is unknown, clearly identify such.

NOTE: It is recommended that agencies refrain from repeating the calculations outlined in the Travel/Training budget category to avoid discrepancies in the budget category and the budget justification.

K. EQUIPMENT:

Include any equipment related to the proposed project for which funding is requested.

Equipment is defined as tangible, non-expendable personal property having a useful life of more than one year and an acquisition cost of \$1,000 or more per unit. Equipment must be recorded and tracked in an inventory control list and tagged to reflect its source of funding, where possible.

NOTE: An applicant may use its own definition of equipment provided that the definition would, at a minimum, include the equipment described above.

Equipment

1. Itemize equipment by item. To include more than one item, repeat this step for each budget item.
2. Equipment is defined as tangible property, having a useful life of more than one year. Equipment must be recorded and tracked in an Inventory Control Listing and tagged to reflect its source of funding, where possible. Items not meeting these guidelines should be listed in the Supplies/Operations budget category.
3. The Total Cost will automatically calculate as Unit Cost x Quantity x % of Funding Requested.

Provide any necessary details, if applicable, to describe the item, such as brand, model number, size, capability, included accessories, etc. If requesting mobile radios, must provide the manufacturer and model number so DPS can verify its compliance with the Missouri Statewide Interoperability Network (MOSWIN).

Item*

Identify the equipment item being requested. Refer to the Grant Solicitation identified in the above form instructions for examples.

Description

Provide the price of the item, including shipping, installation, etc., if applicable.

Unit Cost*

Provide the requested number of items to be purchased.

Quantity*

Provide the name of the vendor from which you obtained the unit pricing. If your application is approved, you will not be obligated to purchase the item from this vendor.

Source of Bid

Indicate the percentage of funding being requested for the equipment item. Please note, this field is formatted to allow up to only 4 places behind the decimal point - a popup message will appear if more than 4 decimal places are entered.

% of Funding Requested*

The following are examples to aid in the completion of the Equipment budget form:

EXAMPLE 1 – John Smith requests to purchase a replacement Digital Camera from Best Buy at a cost \$660.00 each, including accessories such as a carry case and extra battery.

EXAMPLE 2 – The crime laboratory has quoted a HP Color Laser Jet Printer from HP Online at a cost of \$1,250.00. The cost of shipping is estimated at \$40 and the cost of one extra set of ink cartridges will cost \$60. Total cost for this item equals \$1,350.00.

Item	Description	Unit Cost	Qty	Source of Bid	% of Funding Requested	Total Cost
Digital Camera	Includes carrying case & extra battery	\$660.00	1	Best Buy	100%	\$660.00
Color Laser Jet Printer	Unit cost includes shipping and extra ink cartridges	\$1,350.00	1	HP Online	100%	\$1,350.00

NOTE: The text entered under the ITEM column and the number entered under the QUANTITY column is how the line item will display on the Claim-Reimbursement form if your application is successful.

L. EQUIPMENT JUSTIFICATION:

Equipment Justification
Equipment Justification
If equipment is not included in the budget, skip this section.
If equipment is included in the budget, provide the following for each budget line item:

- What is the item?
- How will the item be used?
- Who will use the item?
- Is the item a replacement to current equipment, in addition to current equipment, or something the agency doesn't currently have?

If equipment is included in the budget, provide justification for each budget line. Address 1) what the item is, 2) how it will be used, 3) who will use it, and 4) whether it is a replacement to current equipment, in addition to current equipment, or something the agency doesn't current have.

NOTE: It is recommended that agencies refrain from repeating the calculations outlined in the Equipment budget category to avoid discrepancies in the budget category and the budget justification.

M. SUPPLIES/OPERATIONS:

Include any supplies or operational costs for which funding is requested.

Supplies/Operations
1. List by type of supply or operational expense. To include more than one supply or operational expense, repeat this step for each budget item.
2. The Total Cost will automatically calculate as Unit Cost x Quantity x % of Funding Requested.
List each budget item by type of supply or operational expense. Refer to the Grant Solicitation identified in the above form instructions for examples.
Item*
Select the basis for cost estimate to reflect the frequency of the unit cost.
Basis for Cost Estimate*
Enter the amount or rate per day, month, quarter, year, person, etc. based on the frequency selected under Basis for Cost Estimate. If your agency expects a rate change during the contract period in any operational expense, refer to the Grant Solicitation identified in the above form instructions for further instructions and examples.
Unit Cost*
Enter the requested number of days, months, people, units, etc. If the expense is a one-time cost, enter 1. Please note, this field is formatted to allow up to only 2 places behind the decimal point - a popup message will appear if more than 2 decimal places are entered.
Quantity*
Indicate the percentage of funding being requested for the supply/operational expense. Please note, this field is formatted to allow up to only 4 places behind the decimal point - a popup message will appear if more than 4 decimal places are entered.
% of Funding Requested*

The following are examples to aid in the completion of the Supplies/Operations budget form:

EXAMPLE 1 – John Smith is a member of the American Society of Crime Laboratory Directors (ASCLD) and request to renew his annual membership at a cost of \$100.

EXAMPLE 2 – The crime laboratory needs to replenish their supply of DNA Quantification Kits. The lab wishes to purchase 5 kits at an estimated cost of \$1,030 each.

EXAMPLE 3 –The crime laboratory wishes to renew its 12-month subscription to *The Microscope* at a monthly rate of \$5.50.

EXAMPLE 4 – Finally, the crime laboratory will need to replenish its lab chemicals and regents at an average cost of \$500 each quarter of the contract period.

Item	Basis for Cost Estimate (Select from drop down box)	Unit Cost	Quantity	% of Funding Requested
ASCLD Membership	Annually	\$100.00	1	100%
DNA Quantification Kits (5)	One-Time	\$1,030.00	5	100%
Subscription – The Microscope	Monthly	\$5.50	12	100%
Lab Chemicals/Regents	Quarterly	\$500.00	4	100%

NOTE: The text entered under the **ITEM** column is how the line item will display on the Claim-Reimbursement form if your application is successful. Therefore, be sure if requesting multiple quantities of an item, to include the quantity in the Item column.

N. SUPPLIES/OPERATIONS JUSTIFICATION:

Supplies/Operations Justification
Supplies/Operations Justification
If supplies/operations are not included in the budget, skip this section.

If supplies/operations are included in the budget, provide the following justification for each expense:

- Why is the item necessary for the proposed project? Be sure to clearly identify how the item will be used.
- Who will use the item?

If your agency anticipates a rate change during the contract period, indicate the effective date of change and the reasoning for such change.

If supplies/operations are included in the budget, provide justification for each expense. Address 1) why the item is necessary for the proposed project and 2) who will use it.

If your agency anticipates a rate change during the contract period for an operating expense, indicate the effective date of change and the reasoning for such change.

NOTE: It is recommended that agencies refrain from repeating the calculations outlined in the Supplies/Operations budget category to avoid discrepancies in the budget category and the budget justification.

O. CONTRACTUAL:

Include any contractual support or consultant services for which funding are requested.

Compensation for consultant services must be reasonable and consistent with that paid for similar services. Travel costs for a consultant should be included in the Travel/Training budget category.

Contractual
1. List by type of contractual support or consultant service. To include more than one type of contractual expense, repeat this step for each item.
2. Consultant services shall not exceed \$450 for an 8-hour day (or \$56.25/hour). Rates exceeding this amount would be subject to approval by the Bureau of Justice Assistance.
3. The Total Cost will automatically calculate as Unit Cost x Quantity x % of Funding Requested.

Identify the type of contractual or consultant service. Refer to the Grant Solicitation identified in the above form instructions for examples.
Item*

Select the basis for cost estimate to reflect the frequency of the unit cost.
Basis for Cost Estimate*

Enter the amount or rate per hour, day, month, quarter, year, person, etc. based on the frequency selected under Basis for Cost Estimate. If your agency expects a rate change during the contract period in any contractual expense, refer to the Grant Solicitation identified in the above form instructions for further instructions and examples.
Unit Cost*

Enter the requested number of months, quarters, hours, sessions, etc. If the expense is a one-time cost, enter 1. Please note, this field is formatted to allow up to only 2 places behind the decimal point - a popup message will appear if more than 2 decimal places are entered.
Quantity*

Indicate the percentage of funding being requested for the contractual expense. Please note, this field is formatted to allow up to only 4 places behind the decimal point - a popup message will appear if more than 4 decimal places are entered.
% of Funding Requested*

The following are examples to aid in the completion of the Contractual budget form:

EXAMPLE 1 – The crime laboratory anticipates outsourcing their DNA cases. The anticipated cost of the consultant services would be \$52/hour for an estimated 500 hours of work.

EXAMPLE 2 – The crime laboratory currently leases 2 crime scene vans at a rate of \$225 each per month (\$450 total per month) and wishes to continue to lease these vehicles for the duration of the contract period.

Item	Basis for Cost Estimate (Select from drop down box)	Unit Cost	Quantity	% of Funding Requested	Total Cost
Consultant – DNA Cases	Hourly	\$52.00	500	100%	\$26,000.00
Vehicle Lease – Crime Scene Vans (2)	Monthly	\$450.00	12	100%	\$5,400.00

NOTE: The text entered under the ITEM column is how the line item will display on the Claim-Reimbursement form if your application is successful. Be sure if requesting multiple quantities of an item to include the quantity in the Item column.

P. CONTRACTUAL JUSTIFICATION:

Contractual Justification

Contractual Justification

If contractual or consultant services are not included in the budget, skip this section.

If contractual or consultant services are included in the budget, provide the following justification for each expense:

- Address why the item is necessary for the proposed project.
- Who will benefit from the services?

If your agency anticipates a rate change during the contract period, indicate the effective date of change and the reasoning for such change.

If contractual or consultant services are included in the budget, provide justification for each expense. Address 1) why each item is necessary for the proposed project and 2) who will benefit from the services.

If your agency anticipates a rate change during the contract period for a contractual service, indicate the effective date of change and the reasoning for such change.

NOTE: It is recommended that agencies refrain from repeating the calculations outlined in the Contractual budget category to avoid discrepancies in the budget category and the budget justification.

FORM #5: STATEMENT OF THE PROBLEM

The purpose of this narrative form is to define the problem you will be attempting to impact with the project for which you are requesting funds. This information provides the grantor with a basic understanding of the problem(s) that the Project Agency faces and the issue(s) that will be addressed, as well as to provide facts to support the problem references.

On this form, provide the following information:

- ☐ Identify the problem(s) being addressed by the use of the requested funds.
- ☐ Include facts and statistics on lab activity (e.g. number of cases processed, types of cases processed, and number of backlogged cases).
- ☐ Identify existing resources (or lack thereof), demographic and geographic specifications, etc. to demonstrate a need for funding.

Statement of the Problem

Statement of the Problem*

Provide the following information to define the problem that you will be attempting to impact with the project for which you are requesting funds:

- Identify the problem(s) being addressed by the use of funds being requested.
- Include facts and statistics on lab activity, existing resources or lack thereof, demographic and geographic specifications, etc. to demonstrate a need for funding.

FORM #6: TYPE OF PROGRAM

The purpose of this narrative form is to provide information regarding the crime laboratory and the general program that will be implemented as a result of the requested funding. The details provided should be specific. Flow charts and outlines to support this narrative description may be included under the “Other Attachments” application form but shall not substitute for the completion of this narrative form.

On this form, provide the following information:

- ☐ Information about the crime laboratory and its status of accreditation, including the effective date and expiration date of accreditation (per discipline, if applicable)
- ☐ Define the disciplines/services provided by the crime laboratory and how they are provided, as well as clarifying which discipline(s)/section(s) will benefit from the requested funding.
- ☐ Identify the total number of employees in the crime laboratory, as well as the specific number of employees in the particular discipline/section for which funding is requested.

Type of Program

Type of Program*

Provide the following information about your crime laboratory and the general program that will be implemented:

- Information about the crime laboratory and its status of accreditation, including the effective date and expiration date of accreditation.
- Define the disciplines/services provided by the crime laboratory and how they are provided, as well as clarifying which discipline(s)/section(s) will benefit from the requested funding.
- Identify the total number of employees in the crime laboratory, as well as the specific number of employees in the particular discipline(s)/section(s) for which funding is requested.

FORM #7: SUPPLANTING

The purpose of this narrative form is to address the issue of supplanting. Supplanting is defined as taking the place of or replacing with something else. Supplanting is strictly unallowable under this grant program. State funds cannot be awarded towards budget items that are and will continue to be funded by another source of money. State funds shall only be used to supplement existing funds for program activities, and as a result, the grantor must collect this information to ensure supplanting does not exist. Potential supplanting will be the subject of justification provided in the grant application and monitoring by the Missouri Department of Public Safety.

On this form, describe whether or not other federal, state, or local funds are available to the applicant agency for the purpose of the requested funding. Be specific!

If any of the following factors apply to the proposed project, provide information to address those that apply:

- ☐ If other federal, state, or local monies are available, please address why MCLUP funding is being requested.
- ☐ If the application includes existing costs, explain how those costs are currently being funded and if and when that funding source will cease.
- ☐ If program income is anticipated or could be generated as a result of the grant-funded project, explain how those monies will not supplant MCLUP funds.

Supplanting

Supplanting*

Describe whether or not other federal, state, or local funds are available to the applicant agency for the purpose of the project. Be specific!

If any of the following factors apply to the proposed project, provide information to address the factors that apply:

- If other federal, state, or local monies are available, please address why MCLUP funding is being requested.*
- If the application includes existing costs, explain how those costs are currently being funded and if and when that funding source will cease.*
- If program income is anticipated or could be generated as a result of the grant-funded project, explain how those monies will not supplant MCLUP funds.*

Examples of non-supplanting:

1. For FY 2016, City A appropriates a total of \$500,000 for crime laboratory activities, including salary and benefits for 30 lab personnel. In FY 2016, City A is awarded state MCLUP funds, which it uses to hire 1 lab personnel, in addition to the 2 lab personnel hired with local funds. City A expends all of the \$500,000 in local funds appropriated for FY 2010 for crime laboratory activities.

In this scenario, City A has not used MCLUP funds to supplant local funds, but rather has used the funds “to increase the amount of funds that would, in the absence of state funds, be made available for crime laboratory activities”.

2. For FY 2016, City B appropriates a total of \$500,000 in local funds for crime laboratory activities, of which \$15,000 is budgeted for upgraded equipment. In FY 2016, City B is awarded state MCLUP funds. It uses the state funds to purchase the upgraded equipment and uses the \$15,000 in local funds originally

budgeted for equipment to hire a part-time latent print examiner. Total expenditures of local funds for crime laboratory activities remain constant.

Despite the fact that local funds were shifted from equipment to hiring, the amount of local funds that would, in the absence of state funds, be made available for crime laboratory activities has not changed.

3. State X's initial FY 2016 appropriation for crime laboratory activities is sharply reduced due to an across-the-board cut in the State budget. This results in a hiring freeze. When State X receives state MCLUP funds, it uses the funds to fill 4 lab personnel positions that were included in the initial budget but were vacant due to the hiring freeze.

The total amount of State funds available for crime laboratory activities in State X has been reduced, but not because of the availability (or anticipated availability) of MLCUP funds.

Examples of supplanting:

1. For FY 2016, State Y budgeted \$50,000 in state funds to be used for renovation of the crime laboratory. Later in FY 2016, in response to the availability of MCLUP funds, the State determines that it will use MCLUP funds for the crime laboratory renovation, and will use the funds the State had budgeted for the crime laboratory renovation instead to provide health services for infants and children. No additional state funds were added to the State's budget in any other crime laboratory category.

There would have been a decrease in the amount of funds that would, in the absence of MCLUP funds, be made available for crime laboratory activities.

2. For FY 2016, County A budgeted \$500,000 in local funds to be used for crime laboratory activities, including salary and benefits of 30 lab personnel. Later in FY 2016, in response to the availability of MCLUP funds, the County determines that it will use MCLUP funds for the salaries and benefits of 3 of the existing lab personnel, and will use the funds the County had budgeted for salaries and benefits instead to purchase new voting machines in preparation for the upcoming election.

There would have been a decrease in the amount of funds that would, in the absence of MCLUP funds, be made available for crime laboratory activities.

Documentation and Record Retention: If circumstances raise a question of possible supplanting, the state or unit of local government should retain whatever documentation is produced during the ordinary course of government business that will help substantiate that supplanting has not occurred. Depending on the circumstances, relevant documents might include annual appropriations acts, executive orders directing broad reductions of operating budgets, or city or county council resolutions or meeting minutes concerning budget cuts and layoffs.

FORM #8: COMMUNITY IMPACT

The purpose of this narrative form is to identify how the proposed project will affect the community(s) that the program will serve, whether directly or indirectly. This information is necessary to the grantor to understand how the proposed project may have a bearing on other issues not directly being addressed by the requested funds.

On this form, describe how the proposed project will affect the community(s) that your program will serve and the public safety and crime-related issues within those community(s). The community may include the local

law enforcement agencies that your crime laboratory serves but must also include the citizens in the community served by your crime laboratory.

For example, adequate staffing, fully-trained staff, and/or new technology can impact the backlog of cases and the timeliness and extent of services provided by the crime laboratory. This result can have a direct impact on the identification of criminals in pending cases, the release of non-criminals upon further examination of evidence, the prosecution of criminals based on the examination of evidence, etc, and when a criminal is removed from the community, public safety and crime-related issues are affected.

Community Impact
Community Impact*
<i>Describe how the proposed project will affect the community(s) that your program will serve and the public safety and crime-related issues within the community(s).</i>
<div></div>

FORM #9: AUDIT REQUIREMENTS

The purpose of this form is to gather general audit information relating to your agency. As a recipient of state funds, applicants are expected to have financial responsibility in the usage of monies and the record keeping of documentation.

This form will collect information pertaining to the date of the applicant agency's last audit, the amount of federal and/or state financial assistance (i.e. grant monies, loan guarantees, property, cooperative agreements, interest subsidies, insurance, food commodities, direct appropriations, and other assistance) received during the last audited period, and the anticipated date of the next audit.

Audit Requirements	
Date last audit was completed:*	<input type="text"/>
Date(s) covered by last audit:*	<input type="text"/>
Last audit performed by:*	<input type="text"/>
Phone number of auditor:*	<input type="text"/>
Date of next audit:*	<input type="text"/>
Date(s) to be covered by next audit:*	<input type="text"/>
Next audit will be performed by:*	<input type="text"/>
<i>Total amount of financial assistance received from all entities, including the Missouri Department of Public Safety, during the date(s) covered by your agency's last audit, as indicated above.</i>	
<i>The Federal Amount refers to funds received directly from the Federal Government or federal funds passed through state agencies in the form of grants, loans, loan guarantees, property (including donated surplus property), cooperative agreements, interest subsidies, insurance, food commodities, direct appropriations, and other assistance.</i>	
<i>The State Amount refers to funds received directly from the State of Missouri, not including federal pass-thru funds.</i>	
Federal Amount:*	<input type="text" value="\$0.00"/>
State Amount:*	<input type="text" value="\$0.00"/>

Pursuant to grant policies developed by the Missouri Department of Public Safety, units of local government are required to have an organization-wide, independent audit if their unit of state or local government has expended \$250,000 or more in state funds (including, but not limited to, MCLUP monies) within the organization's 12 month fiscal year.

NOTE: Do not attach a copy of the audit at the time of application. A copy must be submitted once the grant status changes to "underway" via the Correspondence component of WebGrants if the total reported in the "State Amount" equals or exceeds \$250,000.

Refer to the DPS Financial and Administrative Guide for more information regarding audit responsibilities.

FORM #10: OTHER ATTACHMENTS

The purpose of this form is to allow the applicant to attach any other documents applicable to the proposed project or available to support information provided within an application form. Other attachments may include, but not be limited to, vendor quotes for equipment, letters of support, etc.

If your project does not have "other attachments", just click 'Mark as Complete' and proceed with the submission of the application.

Other Attachments		Mark as Complete Go to Application Forms	
Description	File Name	File Size	Delete?
Last Edited By:			

The Missouri Department of Public Safety can support the following file types: Word (*.doc, *.docx), Excel (*.xls, *.xlsx), PowerPoint (*.ppt, *.pptx), Publisher (*.pub), Adobe PDF (*.pdf), Photos (*.bmp, *.jpg, *.jpeg, *.jpe, *.asp, *.tif, *.wmf) and similar commonly used programs. If you attach a file type that the Missouri Department of Public Safety does not have software to open or the file is corrupted and cannot be opened, the attachment may not be considered.

FORM #11: CERTIFIED ASSURANCES

This component of the application requires the Authorized Official to attest to the compliance of all conditions relating to the grant program and the proposed project, as applicable. The typed name, in lieu of a signature at the time of application, represents the legal binding acceptance of the terms of the application and statement of the veracity of the representations made in the application.

Certified Assurances

To the best of my knowledge and belief, all data in this application is true and correct, the document has been duly authorized by the governing body of the applicant, and the applicant attests to and/or will comply with the following Certified Assurances if the assistance is awarded:

2016 MCLUP Certified Assurances

I am aware that failure to comply with any of the Certified Assurances could result in funds being withheld until such time that I, the recipient, take appropriate action to rectify the incident(s) of non-compliance. Where the Authorized Official is unable to certify to any of the statements in the Certified Assurances, he or she shall provide an explanation below and may attach documentation under the 'Other Attachments' form where needed.


I have read and agree to the terms and conditions of the grant.* ☐ Yes ☐ No

If you marked No to the question above, please explain:

Your typed name as the applicant authorized official, in lieu of signature, represents your legal binding acceptance of the terms of this application and your statement of the veracity of the representations made in this application.

Authorized Official Name:*

Job Title:*

Date:* 

NOTE: The name provided on this form must match the name listed as the Authorized Official on the Contact Information form to constitute a valid contract. In addition, the Date must be current and reflective of the funding opportunity year. An application may automatically be declined if an applicant indicates 'No' to the terms and conditions of the grant unless an acceptable explanation is provided, the incorrect Authorized Official name is provided, and/or the Date is not current as these constitute an invalid contract.

III. SUBMITTING AN APPLICATION:

The Applicant shall submit all data as requested and required within the application forms. Failure to submit all required, requested data could disqualify the proposal from further consideration. **Applicants will not be contacted if they fail to submit all required, requested data.**

Once all the application components are 'Marked as Complete', please review the application by clicking the 'Preview' button. You may print a copy of the application from the preview screen or save an Adobe PDF copy of the application. Once you feel the application is ready for submission, click the 'Submit' button. A confirmation screen will appear which may be printed for your records if you feel it necessary. The individual selected as the Primary Contact in the General Information component of the application will receive a confirmation email of submission from dpswebgrants@dps.mo.gov.

Applications must be submitted through WebGrants no later than 5:00 p.m. on Friday, April 24, 2015.

Proposals cannot be submitted after this date and time so applicants are encouraged to begin the process immediately to meet the application deadline. Applications submitted through any means other than WebGrants will not be considered for funding.

If the applicant determines **revisions are necessary to any component** of the application, the applicant must **contact the Missouri Department of Public Safety by email prior to the deadline** to have the application unlocked. The email should be sent to dpswebgrants@dps.mo.gov and should clearly indicate which form(s) to be re-opened for the necessary change(s). Once the application deadline has lapsed, the applicant will be unable to request any portion of their application to be unlocked.

If the applicant experiences unforeseen **technical issues** beyond the applicant's control that prevent submission of its application by the deadline, the applicant must **contact the Missouri Department of Public Safety staff by email within 24 hours after the deadline** and request approval to submit the application. The

email should be sent to dpswebgrants@dps.mo.gov and must include a description of the technical difficulties, a timeline of submission efforts, screen shot of the error code, and other information as necessary. The Missouri Department of Public Safety will consider all submitted information to determine if the application will be accepted.

POST-APPLICATION PROCESS

I. APPLICATION REVIEW:

A review panel of internal staff members of the Missouri Department of Public Safety, Office of the Director, Criminal Justice/Law Enforcement (CJ/LE) Unit will evaluate all applications. In evaluating each application, CJ/LE will consider the following factors:

- ☐ Demonstration the proposed project fits within the parameters of the MCLUP Program.
- ☐ Demonstration of need including geographic location, local demographics, local statistics, other programs and/or resources available to the applicant agency, etc.
- ☐ Adequate correlation between the cost of the project and the objective(s) to be achieved.
- ☐ Overall description of the intended use of the grant funds.
- ☐ Demonstration that the MCLUP funds will not be used to supplant other federal, state, or local funds.
- ☐ Compliance with state statutory reporting requirements to include, but not limited to, UCRs, Racial Profiling, and Federal Forfeiture reporting.
- ☐ Legally binding signature by the proper Authorized Official on the Certified Assurances form of the submitted application.

II. FUNDING NOTIFICATION:

Applicants will be notified via WebGrants approximately 1-2 weeks following the application deadline. The notification will be sent from dpswebgrants@dps.mo.gov to the person listed as the Primary Contact on the General Information form of the application.

Applications may be approved as requested, approved with revisions, or disapproved. Applicants will be provided with the rationale behind the CJ/LE's decisions.

Please be patient as the review process can be rather tedious and time consuming. Funding notifications will not be released through any other means than WebGrants so do not contact the Missouri Department of Public Safety to try to obtain information before it is released!

PROGRAM-SPECIFIC GRANT GUIDELINES

I. DPS FINANCIAL AND ADMINISTRATIVE GUIDE

Sub-recipients must adhere to the applicable guidelines outlined in the “DPS Financial and Administrative Guide”, which can be found at <http://www.dps.mo.gov/dir/programs/cjle/clapmclup.asp>.

II. CHANGE IN PERSONNEL:

Notification of personnel changes must be communicated to the Missouri Department of Public Safety via the Correspondence component of WebGrants using the “Change of Information Form” (Appendix A).

The completed “Change of Information Form” must be submitted as an attachment to the Correspondence. Additional information not captured in the “Change of Information Form” may be supplied in the message of the Correspondence, but the message of the Correspondence shall not substitute for the Sub-recipient’s requirement to complete the “Change of Information Form”.

A. My Profile

1. Removing an Individual

If an individual needs to be removed as a registered user for the Organization, please notify the Missouri Department of Public Safety, within a timely manner, so the individual can be properly disassociated with the organization’s profile and removed from all contact lists.

Do not remove a registered user, and do not re-use a prior employee’s profile!

The Missouri Department of Public Safety will make the necessary change(s) and will notify the Sub-recipient when the change(s) have been completed.

2. Adding an Individual

If an individual needs to be added as a registered user for the Organization, first complete the registration form in the My Profile module of WebGrants. Do not re-use a prior employee’s profile!

Notify the Missouri Department of Public Safety once the registration is complete so the individual can be added to the proper contact lists.

The Missouri Department of Public Safety will make the necessary change(s) and will notify the Sub-recipient when the change(s) have been completed.

B. Contact Information form

Changes in or temporary absence of the Authorized Official, Project Director, Fiscal Officer, and/or Officer in Charge as listed on the Contact Information component of the grant must be communicated to the Missouri Department of Public Safety, within a timely manner.

The Missouri Department of Public Safety will edit the Contact Information form based on the notification and will notify the Sub-recipient when the change(s) has been completed.

C. Budget form

Changes in grant-funded personnel as listed on the Budget component of the grant must be communicated to the Missouri Department of Public Safety, in a timely manner.

The Missouri Department of Public Safety will edit the Budget form based on the notification and will notify the Sub-recipient when the change(s) has been completed.

III. REPORTING REQUIREMENTS:

A. Claim Reports

Recipients of MCLUP funds are required to submit a monthly Claim report in WebGrants to verify actual (employer) cash expenditures and request reimbursement of those expenditures. A Claim report must be submitted each month even if there are no expenditures to claim. Only one Claim report may be submitted per month.

Claim reports are due no later than the 10th day of each month. This deadline is subject to change only if the 10th falls on a state holiday or weekend, in which case the deadline is extended to the next business day. The following is the Claim report schedule:

Claim ID Number	Reporting Period	Due Date
001	06/01/2015 – 06/30/2015	July 10, 2015
002	07/01/2015 – 07/31/2015	August 10, 2015
003	08/01/2015 – 08/31/2015	September 10, 2015
004	09/01/2015 – 09/30/2015	October 13, 2015
005	10/01/2015 – 10/31/2015	November 10, 2015
006	11/01/2015 – 11/30/2015	December 10, 2015
007	12/01/2015 – 12/31/2015	January 11, 2016
008	01/01/2016 – 01/31/2016	February 10, 2016
009	02/01/2016 – 02/28/2016	March 10, 2016
010	03/01/2016 – 03/31/2016	April 11, 2016
011	04/01/2016 – 04/30/2016	May 10, 2016
012	05/01/2016 – 05/31/2016	June 10, 2016

Failure to submit the required report on a monthly basis, by the due date, may result in delay of reimbursement until the following month and/or cancellation of the contract if the delinquency becomes problematic.

The Claim report will consist of the following forms:

- **General Information** - - used to identify the reporting period (as outlined in the above schedule) and the type of report (monthly)
- **Reimbursement** - - used to identify the State Share per budget line; the totals identified on this form are aggregate totals from the Detail of Expenditure form
- **Detail of Expenditure** - - used to identify the pay check number, pay date, payee, description, total cost, percent of funding requested, and amount claimed to grant for reimbursement per cost activity; this data is collected on an Excel spreadsheet and the file uploaded to the report form
- **Program Income** - - used to identify any monies earned and/or expended as a result of the grant-funded project. Program income is revenue/income generated as a direct result of an agency-

funded project. Program income must be used for the purposes of and under the conditions applicable to the award. Unless specified otherwise, program income shall be expended within the contract period.

- **Attachments** - - used to upload copies of documentation to support the expenditures as required; if requesting reimbursement for travel/training or equipment, proper documentation must be supplied, otherwise all other documentation is optional.

Reimbursement funds will be disbursed approximately the 25th day of each month. Recipients may track payments within the WebGrants system but obtain exact payment information through the Missouri Vendor Services Portal at <https://vendorservices.mo.gov>. Click "Vendor Payment" in the green toolbar. Select FEIN and enter your agency's Federal Tax ID Number (FEIN). You may then search for a payment by 1) Invoice Number, 2) Check/EFT Number, 3) Dollar Amount, or 4) Date/Location. The prefix of a Payment Number for MCLUP disbursements will be ER067.

B. Status Reports

Recipients of MCLUP funds are required to submit quarterly Status Reports in WebGrants. These reports allow the Missouri Department of Public Safety to collect statistical information and monitor the progress/completion of your approved project.

Status Reports are due no later than the 10th day following the reporting period. This deadline is subject to change only if the 10th falls on a state holiday or weekend, in which case the deadline is extended to the next business day. The following is the Status Report schedule:

Report ID Number	Reporting Period	Due Date
01	06/01/2015 – 08/31/2015	September 10, 2015
02	09/01/2015 – 11/30/2015	December 10, 2015
03	12/01/2015 – 02/28/2016	March 10, 2016
04	03/01/2016 – 05/31/2016	June 10, 2016

Failure to submit the required report on a quarterly basis, by the due date, may result in the delay of reimbursement until the report is received and/or cancellation of the contract if the delinquency becomes problematic.

The Status Report will consist of the following forms:

- **General Information** - - used to identify the reporting period (as outlined in the above schedule) and the type of report (quarterly)
- **Crime Lab Report** - - used to provide statistical information for each discipline in the laboratory to include, but not limited to, the number of employees, number of submissions worked, average turnaround time, and number of submissions pending at the end of the reporting period. Sub-recipients are also allowed to provide a narrative of information to describe work activities and/or areas of interest not reported elsewhere in the report and/or to provide any details necessary to explain responses in the report.

IV. CONTRACT ADJUSTMENTS:

A. Budget Revisions

A Contract Adjustment for a budget revision must be submitted for the following requests:

- Transfer of funds from one budget line/category to another budget line/category to cover increases in cost

NOTE: The Missouri Department of Public Safety allows grantees to request reimbursement up to a 10% increase in the budget line without prior approval. For example, if a Medical Insurance line is budgeted for \$3,000, a 10% increase would account for \$300. Therefore, the grantee can claim costs up to \$3,300 (so long as monies exist in the overall budget) without prior approval through a budget revision. Costs exceeding 10% will be subject to review by the Missouri Department of Public Safety and may or may not be allowed depending on the availability of funds and/or the length of contract period remaining in the award.

- Addition of a new budget line item in any budget category.
- Increase in the quantity of a line item in any budget category (e.g. increase from 5 months to 6 months for medical insurance coverage, increase from the purchase of 2 laptops to 3 laptops, increase from the usage of 1 air card to 2 air cards)

Sub-recipients shall submit a request via the Contract Adjustment component of WebGrants in the event a budget revision is necessary. The Missouri Department of Public Safety will review the request and “negotiate” the Budget form for edits if the request is allowable. Once all necessary edits are made, the Missouri Department of Public Safety will prepare a Contract Adjustment Notice, which will be subject to review and approval by the Director (or his/her designee) of the Missouri Department of Public Safety.

NOTE: A Contract Adjustment for Budget Revisions shall be submitted at least 30 days prior to the proposed change and will not be allowed after April 30, 2016.

B. Program Revisions

A Contract Adjustment for a program revision must be submitted for the following requests:

- Change in the applicant agency
- Change in the project site
- Change in the project service area
- Change in the scope of programmatic activities
- Change in the general purpose of the grant

Sub-recipients shall submit a request via the Contract Adjustment component of WebGrants in the event a program revision is necessary. The Missouri Department of Public Safety will review the request and follow-up depending on the type of program revision. Once all necessary documents are collected, the Missouri Department of Public Safety will prepare a Contract Adjustment Notice, which will be subject to review and approval by the Director (or his/her designee) of the Missouri Department of Public Safety.

NOTE: A Contract Adjustment for Program Revisions shall be submitted at least 30 days prior to the proposed change.

V. MONITORING:

The Missouri Department of Public Safety will monitor all awarded contracts to ensure appropriate fiscal and program records are being maintained. Monitoring is designed to provide assistance to the Sub-recipient both from a technical and programmatic standpoint, as well as to provide the Missouri Department of Public Safety with the necessary information to ensure the Sub-recipient's compliance with state laws, regulations, and guidelines.

Desk monitoring will consist of tracking telephone and email communication, as well as reviewing all grant documents and correspondence submitted to the Missouri Department of Public Safety. The Sub-recipient may be required to submit monitoring information in writing to the Missouri Department of Public Safety, as requested.

Site monitoring will consist of a visit to the agency's office(s) and reviewing policies, receipts, and other records, as applicable to the awarded contract. The Missouri Department of Public Safety will perform at least one site monitor to each Sub-recipient during the contract period. A Site Monitoring Report, which will be provided to the Sub-recipient prior to the visit, will be completed by the Missouri Department of Public Safety during the site visit. The Site Monitoring Report (checklist) will be used as a tool to determine the progress of the project in achieving its purpose and ensuring the project is adhering to program guidelines. The following information and records may be subject to review, as applicable, at the time of the site visit:

- ☐ Personnel files for grant-funded personnel
- ☐ Personnel manuals, ordinances, etc.
- ☐ Timesheets and payroll records for grant-funded personnel
- ☐ Invoices/receipts for all grant-funded expenditures
- ☐ Bid records for grant-funded expenditures
- ☐ Inventory listing and tags for grant-funded equipment
- ☐ Contractual agreements, as applicable
- ☐ Local procurement and travel policies, as applicable
- ☐ Where applicable, compliance with law enforcement agency state statutes:
 - Uniform Crime Reports: [Section 43.505 RSMo](#)
 - Racial Profiling Report: [Section 590.650 RSMo](#)
 - Federal Forfeiture Report: [Section 513.653 RSMo](#)
 - Written Policy on Recording of Custodial Interrogations: [Section 590.700 RSMo](#)
 - Written Policy on Forwarding Intoxication-Related Traffic Offenses: [Section 577.005 RSMo](#)
- ☐ Compliance with state civil rights laws
 - Unlawful Employment Practices: [Section 13.055 RSMo](#)
 - Discrimination in Public Accommodations: [Section 213.065 RSMo](#)
- ☐ Other information pertinent to the state-funded project

APPENDIX A

CHANGE OF INFORMATION FORM

The "Change of Information Form" must be used to identify changes in personnel during the contract period. The "Change of Information Form" must be sent as an attachment in the Correspondence component of WebGrants. Any other information not collected on this form may be provided in the message of the Correspondence.



**MISSOURI DEPARTMENT OF PUBLIC SAFETY
CRIMINAL JUSTICE/LAW ENFORCEMENT (CJ/LE) UNIT
CHANGE OF INFORMATION FORM**

Date:			
Agency Name:		Contract Number:	
Contact Person:		Phone Number:	

If the change affects multiple contract numbers, please complete and submit a form for each contract number.

MY PROFILE/CONTACT INFORMATION

If the change affects the My Profile module and/or the Contact Information grant form, please complete the following. If the change does not affect the My Profile module and/or the Contact Information grant form, skip this section.

Complete the following 2 fields if an individual needs to be removed. Skip this section if a person is not being removed.

Name of Individual Being Removed:		Last Date of Employment :	
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Complete the following fields if an individual needs to be added. Skip this section if a person is not being added.

Name of Individual Being Added:		Job Title:	
Mailing Address:			
Street Address: <i>(if different than the mailing address)</i>			
City:		Zip Code:	
Email:			
Phone:		Ext:	
Fax:			
Has this individual been added as a registered user in WebGrants?	<input type="checkbox"/> Yes, please select as a grant contact and add to the appropriate distribution list		
	<input type="checkbox"/> Yes, but please do not add as a grant contact or to the distribution list		
	<input type="checkbox"/> No, the individual will not have access to WebGrants and therefore was not added		

BUDGET

If the change affects the Budget form, please complete the following. If the change does not affect the Budget form, skip this section.

Name of Individual Being Removed:	Last Date of Employment : (m/d/yyyy)	Individual Being Added: (if unknown, list as TBH)	Hire Date: (m/d/yyyy)
Provide a brief summary of the new individual's experience, certifications, and job responsibilities for the Budget – Personnel Justification section:			


**SUBMIT THIS FORM AS AN ATTACHMENT TO YOUR DPS INTERNAL CONTACT VIA THE 'CORRESPONDENCE' COMPONENT OF WEBGRANTS.
IF YOU NEED TO SUPPLY ADDITIONAL INFORMATION, PLEASE INCLUDE IN THE MESSAGE OF THE CORRESPONDENCE.**

DPS revised 7-2014

APPENDIX B

AWARD OF CONTRACT FORM

The "Award of Contract" document constitutes a contractual agreement between the Missouri Department of Public Safety and the Sub-recipient for use of state funds in the implementation of the awarded project.

 <div style="display: inline-block; vertical-align: top;"> MISSOURI DEPARTMENT OF PUBLIC SAFETY OFFICE OF THE DIRECTOR AWARD OF CONTRACT </div>		P.O. Box 749 Jefferson City, Missouri 65102 Phone: (573) 751-4905	
Program Area: 2016 Missouri Crime Laboratory Upgrade Program (MCUP)		Catalog of Federal Domestic Assistance (CFDA) #: N/A	
Contractor Name: «Applicant_Agency»			
Project Title: «Project_Title»			
Contract Period: «Project_Start_Date» to «Project_End_Date»	State Funds Awarded: \$«Total_FederalState_Sha	Contract Number: «Contract_Number»	
<p>Award is hereby made in the amount and for the period shown above to the above-mentioned Contractor. This award is subject to compliance with the general conditions governing grants and contracts, as well as, any attached Certified Assurances. This award is also subject to compliance with all current applicable federal and state laws, regulations and guidelines.</p> <p>The undersigned hereby certify acceptance of the above-described contract on the terms and conditions specified or incorporated by reference above and herein, including those stated in the grant application.</p> <p>«AO_First_Name» «AO_Last_Name» _____ Contractor Authorized Official Name</p> <div style="display: flex; justify-content: space-between;"> <div> _____ Sub-recipient Authorized Official Signature </div> <div> _____ Date </div> </div> <p>«PD_First_Name» «PD_Last_Name» _____ Contractor Project Director Name</p> <div style="display: flex; justify-content: space-between;"> <div> _____ Contractor Project Director Signature </div> <div> _____ Date </div> </div> <p>This contract shall be in effect for the duration of the contract period stated herein, and funds shall become available on the award date with the signed return of this form to the Missouri Department of Public Safety and the signature of the Authorized Official of the Missouri Department of Public Safety.</p> <div style="display: flex; justify-content: space-between;"> <div> _____ Authorized Official, MO Department of Public Safety </div> <div> 06/01/2015 _____ Date </div> </div>			

APPENDIX C

INVENTORY LISTING FORM

If purchasing equipment, Sub-recipients are required to maintain property management records as stated with the DPS Financial and Administrative Guide. The “Inventory Listing Form” below is an example of such format and is available upon request from the Missouri Department of Public Safety if the Sub-recipient does not have an existing inventory list format or property control system.

[illegible]